



**TRAVEL FORM
(SPECIALTY COURT)**

_____ District/Circuit Court
Criminal Branch
_____ Division
Specialty Court

NAME: _____
DATE: _____

When will you **leave**? Date: _____, 2____ Time: _____ a.m. p.m.
When will you **return**? Date: _____, 2____ Time: _____ a.m. p.m.

Nature of the trip (Where are you going, why are you going, and what are you planning to do?):

Who is going: (Please provide their **names** and **ages**.
Additional names can be written on the back.)

<u>NAME</u>	<u>AGE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Where are you staying?

Please check one of the choices below and explain.
 Hotel Campground With Family Other

Phone: (____) _____
Address or Room Number: _____

Staff Comments:

By signing this document you certify that all of this information is correct.

Participant Signature: _____

Date: _____, 2____

Staff will complete the information in this box.

Approved by the Judge? YES NO

_____, 2____
Date form was submitted

Staff/Judge's signature